

Catch-Up Schedule and Minimum Intervals for Adults

For any vaccine given in a series, it is not necessary to start over. Refer to the table below for recommended “catch-up” schedule and minimum intervals between doses. Determine the number of previous doses of each vaccine received, find that number in the first column, and read across to the appropriate column for the next dose(s) and minimum interval(s).

Number of previous doses of each vaccine	Doses to be given and minimum intervals from previous dose for adults ≥ 19 years			
	First dose	Second dose	Third dose	Booster dose
None	Td MMR Pneumococcal (PPV) Hepatitis A (HAV) Hepatitis B (HBV) Lyme disease (LYM) Varicella	Td: 4 weeks after 1st dose MMR: 4 weeks after 1st dose PPV: 5 years after 1st dose for those who received 1st dose at <65 years or who are at highest risk for pneumococcal infection HAV: 6 months after 1st dose HBV: 4 weeks after 1st dose LYM: 4 weeks after 1st dose Varicella: 4 weeks after 1st dose	Td: 6 months after 2nd dose HBV: 8 weeks after 2nd dose and 4 months after 1st dose LYM: 12 months after 1st dose	Td: 10 years after completion of the primary series or since last booster dose
One				
Two				
Three				

Guidelines for Patients with an Incomplete or Non-existent Vaccine History

- This catch-up schedule must be used together with the guidelines printed on the reverse side.
- Use all opportunities to assess the vaccination status of adult patients. At age 50, give a Td (unless a dose has been given in the previous 10 years) and evaluate for risk factors for pneumococcal and other vaccine-preventable diseases.
- If patient has started a series (e.g., HBV) but not completed it, continue where he/she left off. Never restart a series of any vaccine (*exception: oral typhoid vaccine in some situations*).
- MMR and varicella vaccines can be given at the same visit. If not given simultaneously, they must be separated by at least 4 weeks.
- Patients do not need measles, mumps, and/or rubella vaccine if they were born before 1957, have lab evidence of immunity, or (for measles/mumps only) have physician-diagnosed disease history. Consider vaccinating women born before 1957 who may become pregnant and do not have lab evidence of immunity or physician-diagnosed disease.
- For adult patients who are refugees or immigrants, provide vaccinations as you would for any other adult patient. Translations of foreign vaccine terms and vaccine products can be found in the MDH Provider's Guide to Immunizations or on the MDH web site: www.health.state.mn.us/immunize
- Patients 18 years of age or older, including foreign-born adults, do not need polio vaccination unless they are traveling to a country where wild poliovirus still exists (see MDH *Recommended Immunizations for International Travel*).
- A mantoux test can be administered simultaneously with any live or inactivated vaccine. If the patient already received MMR, the mantoux test must be delayed for at least 4 weeks after the MMR; if the mantoux was applied first, MMR or any other vaccine can be given at any time.
- Count only vaccinations that are well documented (i.e., including *month, year* and, preferably, *day* of vaccination). If no documentation exists, assume the patient is unvaccinated. It is always better to vaccinate when in doubt, rather than miss an opportunity to provide protection.

Reporting Adverse Reactions

Report adverse reactions to vaccines through the federal Vaccine Adverse Event Reporting System. For information on reporting reactions following vaccines administered by private clinics, call the 24-hour national toll-free information line (800) 822-7967. Report reactions to vaccine administered in public clinics to the Missouri Department of Health, (573) 751-6133 or toll-free (800) 699-2313.

Disease Reporting

Report suspect cases of vaccine-preventable diseases to the local health department or to the Missouri Department of Health, (573) 751-6133 or toll free at (800) 699-2313, or fax (573) 526-5220.